

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-674)**

SERIAL NO.
09/352422
PRIORITY

FILING DATE

7-12-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11						
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14						
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17	1					
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47						
48						
49						
50						
TOTAL NO.	4					
TOTAL DEF.	13					
TOTAL	17					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
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TOTAL NO.						
TOTAL DEF.						
TOTAL						